



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DECATUR COUNTY MEMORIAL HOSPITAL

City of Hospital: GREENSBURG

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Carol Geise

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Medicare Provider Number: 15Z332,151332

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20825012
Outpatient Patient Service Revenue	\$109903918
Total Gross Patient Service Revenue	\$130728930

2. Deductions From Revenue

Contractual Allowance	\$65327954
Other Deductions	\$8780896
Total Deductions	\$74108850

3. Total Operating Revenue

Net Patient Service Revenue	\$56620080
Other Operating Revenue	\$6561740
Total Operating Revenue	\$63181820

4. Operating Expenses

Salaries and Wages	\$26397630	Employee Benefits	\$6304321
Depreciation and Amortization	\$3883418	Interest Expense	\$308473
Bad Debt	\$0	Other Expenses	\$25576570
Total Operating Expenses	\$62470412		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1938353	Total Assets	\$77258071
Net Non-operating Gains over Loss	\$1982754	Total Liabilities	\$20470826

Total Net Gains	\$3921107
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$55460163	\$35968265.20	\$19491897.8
Medicaid	\$22834579	\$17153686.46	\$5680892.54
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$52434188	\$12206002.25	\$40228185.75
Total	\$130728930	\$65327953.91	\$65400976.09

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$410618	\$31573	\$379045

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$3080399.52
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$539,144		
Subtotal	\$539144	\$0	\$539144
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$539144	\$0	\$539144

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$15193.10	\$-15193.1
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

In section 4 of statement 1 I included interest expense because it was listed, but interest expense is actually a non operating expense.

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